

Form CPF M 102: Campaign Finance Report Municipal Form 2013 JAN 10 PM 1:45

Office of Campaign and Political Finance CLERKS OFFICE QUINCY, MASS. 02169

File with: City or Town Clerk or Election Commission	1/9/201
Reporting Period - Beginning: 1/1/2012	Ending: 12/31/2012
Type of report: Year-end	
Emily Lebo	Emily Lebo Election Committee
Full Name of Candidate	Committee Name
City of Quincy School Committee	Stewart Lebo
Office Sought/ District	Name of Committee Treasurer
354 Highland Ave	354 Highland Ave
Quincy, Ma 02170	Quincy, MA 02170
Residential Address	Committee Address
SUMMARY BALANCE	INFORMATION
Ending Balance from previous repo	
Total receipts this period:	\$0.00
Subtotal:	\$3,079.21
Total expenditures this period:	\$404.23
Ending Balance:	\$2,674.98
	11 11 11 11 11 11 11 11 11 11 11 11 11
Total inkind contributions this p	·
Total outstanding liabilities: Name of bank(s) used: Quincy (\$0.00 Credit Union
Affidavit of Committee Treasurer: I certify that I have examined this report, including attached belief, a true and complete statement of all campaign finance as expenditures, disbursements, inkind contributions and liabilitie finance activity of all persons acting under the authority or or requirements of M.G.L. c. 55. Signed under the penalties of perjury: Treasurer's signature (in ink)	ctivity including all contributions, loans, receipts, es for this reporting period and represents the campaign
Affidavit of Candidate (check 1 box only) :	
Candidate with Committee and no activity independent I certify that I have examined this report, and attached schedultrue and complete statement of all campaign finance activity, or this committee in accordance with the requirements of M.G.L. c. any liabilities nor made any expenditures on my behalf during the	les and it is, to the best of my knowledge and belief, a f all persons acting under the authority or on behalf of 55. I have not received any contributions, incurred
Candidate without Committee OR candidate with indeper I certify that I have examined this report and attached schedule a true and complete statement of all campaign finance activity disbursements, inkind contributions and liabilities for this refinance activity of all persons acting under the authority or or requirements of M.G.L. c. 55.	es and it is, to the best of my knowledge and belief, including contributions, loans, receipts, expenditures, porting period and represents the campaign behalf of this committee in accordance with the
Signed under the penalties of perjury: Mely he	lo 1/9/13

Schedule A: Receipts

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

Date	Name and Residential Address	Amount	Occupation and Employe
	emized Receipts itemized Receipts ceipts	\$0.00 \$0.00 \$0.00	

Schedule B: Expenditures

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures over \$50 and under may be added together from committee records, and reported on line 13.

Date	Name and Address	Amount	Purpose
3/12/2012	Emily Lebo 354 Highland Ave Quincy, MA 02170	\$106.23	Acct Tfr: Reimb Ccrd 6337-Stapler & Hole Pu
7/23/2012	Quincy High Football 69 Coddington St Quincy, MA 02169	\$100.00	Donation To QHS Football
6/19/2012	Quincy Sun 1372 Hancock St Quincy, MA 02169	\$99.00	Graduation 2012 Congratuation Ads
1/13/2012	Quincy Sun 1372 Hancock St Quincy, MA 02169	\$99.00	Holiday 2011 Ads
	zed Expenditures mized Expenditures ditures	\$404.23 \$0.00 \$404.23	

Schedule C: "Inkind" Contributions

Please itemize contributors who have made inkind contributions of more than \$50. In-kind contributions \$50 and under may be added together, from the committee's records, and included in line 16. An exception to this is that all contributions (under or over \$50) given by persons who have contributed more than \$50 in the calendar year must be itemized. Please report the names and addresses of contributors. Also give the occupation and employer of any contributor who has given an aggregate amount of \$200 or more in the calendar year.

Da	te Name and Residential Address	Value	Description Occupation/Employer
Total	Itemized Inkind Contributions	\$0.00	
Total	Unitemized Inkind Contributions	\$0.00	
Total	Inkind Contributions	\$0.00	

Schedule D: Liabilities

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as the liabilities incurred during this reporting period.

Date To Whom Due Amount Purpose

Total Outstanding Liabilities

\$0.00